	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
	Effective December 8, 2004 7/13							() ()	10/761274					
	RCG	RCE CLAIMS AS FILED . PART I							Chrys					-
	TOTAL CLAIMS			lumn 1)	(Column 2)		7	TYPE			OTHER THAN OR SMALL ENTIT			
	FOR		NUM	BER FILED	41/41000		,			EE			FEE	1
	TOTAL CHA	RGEABLE CLA		,	NÚMBER EXTRA			BASIC F	EE 15	0.00	OR BAS	C FEE	300.00	1
1	INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRI			minus 20=				X\$ 25	=		OR X\$	50≈		1
1				ESENT				X100=			OR X2	00=		1
I				200 than 200			-	+180=			OR +36	60=		
I	* If the difference in column 1 is less than zero, enter *0* in ∞lumn 2 CLAIMS AS AMENDED - PART II							TOTAL	1-		OR TOT	AL	790	200
1.		m= 2\		214414	CALTER		ОТ	u HER 1	THAN .	pa.				
1	4 7/13/	REMAININ		(Column HIGHES NUMBE	T	umn 3) ESENT	٠٢	·	ADD		OR SMA	LLE	NTITY	
V. 10.10	M / / 00	AFTER AMENOME	NT	PREVIOUS PAID FO	SLY EXT			RATE	TION. FEE	AL	RAT	E .	ADDI- TONAL	
	Total Independe	. 6	Minus	-21	7 =	7	1,	\$ 25=	1	0	R X\$50)=	FEE	
	FIRST PRE	/	Minus	PLE DEPENDENT CLAIM			\	100=		4	``\	-		
			delli ee o	CPENDENT CL	AIM		1.	180=		10		- -		
							<u> </u>	TOTAL		OF OF	101	Al	二	
<u></u>	·	(Column 1 CLAIMS	n 3)	AUU	M. FEE		_10'	ADDIT. F	EE L					
AMENDMENT B		REMAINING AFTER	_1	HIGHEST NUMBER PREVIOUSL	PRESE		R	ATE .	ADDI-				DDI-	
MON	Total	- AMENDMEN	Minus	PAID FOR		<u> </u>	<u> </u>		FEE		RATE		ONAL EE	
ME	Independent		Minus	***	=		X\$	25=		OR	X\$50≃	1	_	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	. X200=			
		•					+18	0=		OR	+360=			
		(Column 1)			•		T .TIOO!	FEE		OR	TOTAL			
,		CLAIMS REMAINING		(Column 2) HIGHEST	(Column	7 -								
	* * * * * * * * * * * * * * * * * * * *	AFTER AMENDMENT	ļ	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ŔAT	E TIO	DDI- DNAL	- 1	RATE	AD		
<u>.</u>	Total	*	Minus	**	=	11	V# 01		EE	-		FE		
┣	ndependent	•	Minus	ANA	=	7 F	X\$ 2			OR	X\$50≡	:		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= OR X200=														
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL OR +360= TOTAL OR TOTAL												1		
•# t	he "Highest Nur	ther Protections Par	d For IN THIS	SPACE is less that	in 20, enter *20).* ADI	TOT DIT. FI	~~!		OR AD	TOTAL DIT. FEE			
		er Previously Paid	Loc (Loral or lu	dependent) is the	highest numb	er found	in the	appropri	ate box is	n colum	n 1			